

# IMMUNIZATION TOPICS FOR PARTNERS

As part of National Infant Immunization Week (April 16-22, 2000), your organization may wish to discuss two topics of interest to the public: (1) the change in the immunization schedule that occurs periodically and (2) the introduction of State immunization registries.

## Immunization Schedule Changes

Innovations in vaccines and vaccine use are the reason for changes in immunization recommendations and the childhood immunization schedule. New vaccines are introduced and made available to prevent diseases such as chickenpox (varicella). Improvements are made to vaccines to make them safer.

These changes may cause some parents and caregivers to question why their infant needs new vaccines since their older children did not receive them during infancy. The facts about vaccines and recommendations for childhood immunizations should be discussed and understood by providers and parents/caregivers.

Some points of focus:

### 1. Changes in the childhood immunization schedule result from:

- Introduction or improvement of a vaccine. Recent examples include the approval of vaccine for chickenpox.
- Decisions to reduce the risk of serious vaccine-associated events. In 1997, the routine schedule for polio vaccination was changed to recommend two doses of inactivated polio vaccine (IPV) followed by two doses of an oral polio vaccine (OPV). As of 1998, an all-OPV schedule is no longer recommended, except in special situations. These changes were implemented in order to reduce the risk of vaccine-associated paralytic poliomyelitis (VAPP) associated with OPV. Another recent change recommends the use of diphtheria/tetanus/acellular pertussis (DTaP) vaccine, in place of the older DTP vaccine, because it is associated with fewer adverse events.

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- Efforts to simplify immunization recommendations while enhancing the protection offered by a vaccine. For example, one new vaccine combines *H. influenzae* type b (Hib) and hepatitis B. Other combination vaccines are under investigation. Making new and improved vaccines available may mean adding them to the schedule but not necessarily adding another visit to the provider. Combination vaccines may actually reduce the number of shots needed.
  - Reviews by scientists and other professionals concerned with child health and disease prevention. The Advisory Committee on Immunization Practices (ACIP) meets several times each year to consider new information on vaccines and immunization practices. Its reviews determine whether new recommendations are made, some of which may result in a change in the immunization schedule.
2. The ACIP, together with the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP), helped develop a "harmonized" schedule. This schedule gives providers flexibility to schedule immunizations in conjunction with routine visits for infant care. For parents and caregivers, this means fewer visits to obtain preventive care for their infants.
  3. The childhood immunization schedule also addresses the concerns of parents/caregivers of older children. Parents and providers can consult the schedule to determine whether siblings need additional doses of a vaccine to maximize protection from vaccine-preventable diseases. The recommended childhood immunization schedule is updated and published every 6 to 12 months.

## Immunization Registries

With the shift in immunization delivery from the public to the private sector, registry projects are enhancing efforts to recruit private providers.

Immunization registries can:

- Maintain databases that enroll all children at birth and store information on their immunization history.
- Consolidate records from more than one provider to enable an assessment of a child's immunization record based on complete and accurate data.
- Promote automated and frequent recall of children who are underimmunized.
- Provide practice- and community-based immunization coverage assessments to promote immunizations at every opportunity.
- Identify and target interventions in pocket-of-need areas.

National organizations are working with State and local health departments to develop and use registries. Registries may be maintained by a group of immunization coalition members who are helping to remind parents of upcoming visits. In some States, by law, providers are required to report information on vaccine administration for inclusion in the State's registry.

Regardless of the type of system, a registry is a helpful tool for both parents/caregivers and providers. For parents and caregivers, a registry is a good backup if a child's immunization history is lost or misplaced. For providers, there is no need to wonder whether the child has indeed received needed immunizations, since it is a matter of record. In some areas, computerized printouts from the registry can serve as proof of immunization for children entering preschool programs.

The confidentiality of most registries, especially those stored on computers, is protected under State and Federal laws. Also, State health departments, provider organizations, and health consumers are working together to protect data contained in the registry from being used inappropriately. For example, in Georgia, the confidentiality of records is protected by security clearance codes, access codes, and other safeguards to ensure that persons who use the registry see only the necessary part of the immunization history. Rules and regulations are being developed by experts from the CDC and from State and local professional associations and other community groups.

Before a nationwide registry can be implemented fully, many steps must be completed: achieve a consensus among registry stakeholders; establish a timeline including indicators and outcomes; integrate immunization registries with the most recent technological advances; create a registry of registries to collect information; evaluate registries onsite to facilitate enhancement; maintain ongoing dialogue among registry partners; automate exchange of immunization records; fund registry development; and implement, maintain, and identify additional resources for developing and sustaining immunization registries.